

Evaluation Criteria for Facility Selected Film Screen or Digital Clinical Images

Your facility is required to send one set of clinical images for each unit to be accredited. The entire set must pass to achieve accreditation.

Set = 1 fatty exam + 1 dense exam

Fatty breast composed of predominately adipose tissue.

Dense breast composed of predominately glandular tissue.

Images not considered predominately fatty and/or dense will result in failure of the set.

Each clinical image exam must:

- Be selected by the facility's designated lead interpreting physician for mammography.
- Have been acquired within **one year** prior to your current accreditation expiration date.
- Consist of **four images**; bilateral CC and MLO.
- Have been acquired on the mammography unit indicated at the bottom of this form.
- Must have been interpreted as "negative or benign" by an interpreting radiologist. *(submit report with images)*
- Be free of noted technical difficulty in performing the mammogram.
- Have no record of excisional biopsy in the patient's history.

The clinical images will be evaluated for criteria encompassing:

Positioning, Compression, Exposure level, Resolution, Contrast, Noise, Labeling, and Artifacts.

The full list of evaluation criteria can be found at <http://www.idph.state.ia.us/eh/mammography.asp>.

Some important considerations when selecting images for accreditation are:

- The length of the posterior nipple line (PNL) on the CC view must be within 1 cm of its length on the MLO.
- Any film that exhibits a non-essential image (i.e. chin, shoulder, earring, etc.) projected over the breast or adjoining tissue will **FAIL** the image review process.
- The breasts should be symmetrically located on the film.
- Nipple should be in midline on CC projections.
- Nipple should be in profile in at least one projection for each breast.
- MLO projections:
 - The inferior extent of the pectoralis muscle should be visible to the PNL.
 - The breast should be pulled up and out to display an open inframammary fold.
 - The pectoralis muscle should have a convex or straight anterior margin.
- All clinical images must be permanently labeled with:
 - Laterality and projection
 - Facility name
 - City, state, zip code
 - Patient name
 - Patient ID number
 - Patient date of birth
 - Technologist identification
 - Unit identification
 - Date of examination
 - Cassette/screen identification – *film screen facilities only*

Digital images must be submitted in a DICOM compatible format presented via CD or other electronic format.

Mammography Clinical Image Submission Form

I have reviewed and approved these mammography images to be submitted to the Iowa Department of Public Health for the purpose of mammography accreditation.

Mammographic Interpreting Radiologist Signature

Date

Mammography Unit Manufacturer/Model: _____

Serial # _____ Room ID: _____

A copy of the results will be sent directly to your lead interpreting physician. Provide his/her contact information and preferred method of being contacted.

E-mail address: _____ Mailing address: _____

Phone/FAX _____

Preferred method of contact (please circle): e-mail or land mail